

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022423

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 18 1962

82

5309

71

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Boonville Twsp.		c. CITY OR TOWN Liberty Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On Highway #5		d. STREET ADDRESS 702 (If outside, give location) Route 2 Prospect	
3. NAME OF DECEASED (Type or print) First Elton Middle P. Dee Last Martin		4. DATE OF DEATH Month June Day 9 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 28, 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry-wall Contractor		10b. KIND OF BUSINESS OR INDUSTRY Wall decorating	
13a. FATHER'S NAME George Elbert Martin		13b. MOTHER'S MAIDEN NAME Pearl May Edwards	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service Yes World War II		17. INFORMANT Address Buster D. Martin, Liberty, Mo. R2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest - Skull Fracture DUE TO (b) Violence DUE TO (c) Auto wreck Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Injured in auto wreck	
20c. TIME OF INJURY 11:40 a.m.	Month, Day, Year 6 9 62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home - Coonville	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Coonville	COUNTY Mo	
21. I attended the deceased from Death occurred at 11:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE M. L. Deercraeger M.D. Registrar	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 11, 1962	
23c. NAME OF CEMETERY OR CREMATORY Vernon Cemetery		23d. LOCATION (City, town, or county) Tulsa, Okla.	
24. FUNERAL DIRECTOR Goodman & Boller, Boonville, Mo.		25. DATE RECD. BY LOCAL REG. 6/11/62	
26. REGISTRAR'S SIGNATURE D. Hooper		27. DATE SIGNED 6/11/62	

JUN 22 1962

JUN 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.